



KENT PARKS, RECREATION AND COMMUNITY SERVICES  
2020 Summer Sleepaway Camp  
**SPONSORSHIP FORM**



NAME OF SPONSOR \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

KEY CONTACT PERSON \_\_\_\_\_

AMOUNT SPONSORED \_\_\_\_\_

Payments are accepted through the Kent Parks, Recreation and Community Services

Address: Kent Parks Youth & Teen Programs  
525 Fourth Avenue North  
Kent WA 98032  
phone: 253-856-5030  
fax: 253-856-6030

I would prefer to pay in the following way:

- ☐ Check/Money Order, please make checks payable to "KENT PARKS". Check # \_\_\_\_\_
- ☐ Credit Card, please fill out card holder information below:

\_\_\_\_\_  
Cardholder's Signature

Thank you for supporting Kent Parks' Summer Sleepaway Camp,  
your copy of this form, with approved, completed payment is your receipt of  
your tax-deductible donation.



(Please indicate card and number)



\_\_\_\_\_  
Card No.

\_\_\_\_\_  
Expiration

\_\_\_\_\_  
Please print name as it appears on the card.